

**SUMMARY ANNUAL REPORT
FOR
UAW RETIREES OF DAIMLER TRUCKS
NORTH AMERICA WELFARE BENEFIT TRUST**

This is a summary of the annual report of the UAW Retirees of Daimler Trucks North America Welfare Benefit Trust (Employer Identification Number 47-6377585, Plan Number 501), for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust has committed itself to pay certain prescription drug claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Blue Cross Blue Shield of Michigan and Oregon Dental Service to pay certain health, vision, prescription drug, hearing, stop loss, and dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$2,046,202.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$520,381,940 as of the end of plan year, compared to \$485,060,507 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$35,321,433. This change includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$50,434,165 including employer contributions of \$18,111,252, employee contributions of \$1,233,373, gains/(losses) of \$4,160,258 from the sale of assets, earnings from investments of \$25,193,387, and other income of \$1,735,895. Plan expenses were \$15,112,732. These expenses included \$2,256,863 in administrative expenses, \$2,046,202 to insurance carriers for the provision of benefits, and \$10,809,667 in claims paid.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Transactions in excess of 5 percent of the plan assets.
5. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, UAW Retirees of Daimler Trucks North America Welfare Benefit Trust, at 700 Tower Drive, Suite 300, Troy, MI 48098 and phone number, (248) 641-4918.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: UAW Retirees of Daimler Trucks North America Welfare Benefit Trust, 700 Tower Drive, Suite 300, Troy, MI 48098, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

ANNUAL NOTICES

The Women's Health and Cancer Rights Act of 1998 Annual Notice

The UAW Retirees of Daimler Trucks North America Welfare Benefit Trust (the "Plan"), as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. Not only is this notice being published to comply with the 1998 Omnibus Appropriations Bill, but it is very important that you understand that these benefits are available through your Plan.

Newborns' and Mothers' Health Protection Act 1996 Notice

The Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act) requires group health plans that offer maternity hospital benefits for mothers and newborns to pay for at least a 48-hour hospital stay for the mother and newborn following childbirth (or, in the case of cesarean section, a 96-hour hospital stay), unless the attending provider, in consultation with the mother, decides to discharge earlier.

Notice of the Privacy Practices of the UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

A copy of the Notice of the Privacy Practices of the UAW Retirees of Daimler Trucks North America Welfare Benefit Trust is available at the Plan Office. Please note, this Notice summarizes your health care consumer rights and your right to be notified of the ways in which the Plan uses or discloses protected health information including, the Plan's obligation to notify you no later than 60 days after discovery of a disclosure of unsecured protected health information that poses a significant risk of financial, reputational or other harm to you. The Notice also details your right to request restrictions or limitations on the medical information the Plan uses or discloses about you for treatment, payment or health care operations including restricting requests to a health care plan for the purposes of payment or health care operations where the protected health information pertains solely to a health care item or service that has been paid out-of-pocket and in full. If you would like to obtain a written copy or you have any questions regarding this Notice, please contact the UAW Retirees of Daimler Trucks North America Welfare Benefit Trust, 700 Tower Drive, Suite 300, Troy, Michigan 48098, phone (248) 641-4918.

As a reminder, Plan rules state that a Participant may modify coverage or change elections under the Plan upon the following events, upon notice to the Plan:

Changes in Coverage or Elections

- **Other Coverage:** If a Participant declines coverage for his Dependents due to other health coverage, as provided under HIPAA, the Participant may elect coverage for his Dependents in the Plan, provided that the Participant requests coverage within 30 days after such other coverage ends.
- **Coverage of Eligible Child:** If a Participant declines coverage for an eligible Child, the Participant may elect coverage for the eligible Child by submitting a completed election form and required documentation to the Plan Office. Coverage will be effective the 1st day of the month following receipt of the completed paperwork and required documentation as otherwise provided by the Plan.
- **Acquisition of a Dependent:** If a Participant acquires a new Dependent as a result of marriage, birth, adoption, placement for foster care or placement for adoption, or by judgment, decree or other order of any court of any competent jurisdiction, the Participant may elect coverage for such new Dependent under the Plan, provided that the Participant requests to elect coverage within 30 days after the marriage, birth, adoption, placement for adoption, placement for foster care or court order.
- **Ineligibility for Medicaid/CHIP:** A Participant or Dependent may enroll in the Plan if no longer eligible for coverage under Title XIX of the Social Security Act or a state child health plan under Title XXI of the Social Security Act, provided the individual requests enrollment within 60 days after such coverage ends.
- **Medicaid/CHIP Premium Assistance Eligibility:** A Participant or Dependent may enroll in the Plan if he or she becomes eligible for assistance for Plan coverage under Title XIX of the Social Security Act or a state child health plan under Title XXI of the Social Security Act, provided the individual requests enrollment within 60 days of the date the individual is determined to be eligible for assistance.

Notice of Changes

It is the **responsibility** of the **Participant** to notify the Plan Office within in timeframe set forth below of any changes as follows: Marriage, New Babies, Adoptions and Legal Guardianship – within 30 days; Change of Address, Deaths, Divorce, Birthdays (A Dependent turning twenty-six (26) years of age must be reported to the Plan Office), Other Coverage (notice of other coverage must be reported to the Plan Office including but not limited to other coverage for Dependent Children) – immediately.

Notice of Nondiscrimination

The UAW Retirees of Daimler Trucks of North America Welfare Benefits Trust (“Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The UAW Retirees of Daimler Trucks of North America Welfare Benefits Trust cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-582-4443

The UAW Retirees of Daimler Trucks of North America Welfare Benefits Trust Daimler Trucks of North America Welfare Benefits Trust 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-582-4443

The UAW Retirees of Daimler Trucks of North America Welfare Benefits Trust 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-582-4443번으로 전화해 주십시오.



ATTENTION: FOR FREE LANGUAGE ASSISTANCE CALL 1 (844) 582-4443

Language	Message About Language Assistance
Español Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (844) 582-4443.
繁體中文 Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (844) 582-4443.
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (844) 582-4443.
한국어 Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (844) 582-4443 전화해 주십시오.
Français French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (844) 582-4443.
العربية Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 (844) 582-4443
Hmoob Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1 (844) 582-4443.
Русский Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (844) 582-4443.
Tagalog Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (844) 582-4443.
ગુજરાતી Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1 (844) 582-4443.
ខ្មែរ Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1 (844) 582-4443។
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (844) 582-4443.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1 (844) 582-4443 पर कॉल करें।
ພາສາລາວ Lao	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1 (844) 582-4443
日本語 Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (844) 582-4443 まで、お電話にてご連絡ください。